

Index of Exempt Documents
5 U.S.C § 552 (b)(6)
EPA-R4-2016-007393

Document Number	Date	Subject	No. of Pages	Reason
1	February 28, 1995	Redacted: Name, Phone Numbers and Addresses	3	Exemption 6 (Personal Privacy)
2	July 1, 1985	Redacted: Name, Phone Numbers and Addresses	3	Exemption 6 (Personal Privacy)



Department of Environmental Protection

Lawton Chiles
Governor

Northeast District
7825 Baymeadows Way, Suite B200
Jacksonville, Florida 32256-7590

Virginia B. Wetherell
Secretary

February 28, 1995

(b)(6) Personal Privacy, Owner
Village Cleaners
10568 St. Augustine Road
Jacksonville, Florida 32223

Dear (b)(6):

Village Cleaners
DEP/EPA ID FLD 981 028 806
Duval County - Hazardous Waste

Enclosed is a copy of the report documenting the January 17, 1995 Hazardous Waste Inspection conducted by this office.

If you have any questions regarding this report or hazardous waste regulations, please contact this office for assistance. Thank you for your time and continued cooperation.

Sincerely,

Patricia M. Correa

Patricia M. Correa
Environmental Specialist
Hazardous Waste Section

DOCUMENT TRANSMITTAL FORM

Facility ID #: FLD-181-028-806
Document Citation: Inspection 2/17/95
Date of Document: 2-28-95

Not/Part A (NOT).....
Correspondence (COR).....
Inspection Reports (ENI).....
Financial (ENF).....
Land Disposal Restric (LDR).....
Formal Enf-State (ENS).....
Formal Enf-EPA (ENE).....
Draft Permit (PRD).....
Final Permit (PRF).....
Confidential (CNF).....
Technical Support (TEC).....

Supplemental Document.....(Y/N)
Revisions.....

Name/Section: _____
Date: _____
Notes to Records Center: _____

Filed by: 2/28/95 Date Filed: 3/2/95

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Department of Environmental Protection

Lawton Chiles
Governor

Northeast District
7825 Baymeadows Way, Suite B200
Jacksonville, Florida 32256-7590

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Secretary

HAZARDOUS WASTE INSPECTION REPORT

1. INSPECTION REPORT ☐ COMPLAINT ☒ ROUTINE ☐ FOLLOW-UP ☐ PERMITTING
FACILITY NAME Village Cleaners DEP/EPA ID FLD 981 028 806
STREET ADDRESS 10568 St. Augustine Road, Jacksonville, Florida 32223
MAILING ADDRESS same
COUNTY Duval PHONE (b)(6) Personal Privacy DATE 01/17/95 TIME 2:45 P.M.

TYPE OF FACILITY:

Generator Status

☐ Conditionally
Exempt (<100 kg/mo)
☐ SQG (100-1000 kg/mo)
☐ Generator (>1000 kg/mo)
☒ Non-Handler

Storage

☐ Container
☐ Tank
☐ Waste Pile
☐ Surface
Impoundment

Treatment

☐ Tank
☐ Land Treatment
☐ Thermal
☐ Chem/Phys/Bio.
☐ Incinerator
☐ Surface
Impoundment

Transporter

☐ Transporter
☐ Transfer Facility

Disposal

☐ Landfill
☐ Surface Impoundment
☐ Waste Pile

2. Applicable Regulations:

☐ 40 CFR 261.5 ☐ 40 CFR 262 ☐ 40 CFR 263 ☐ 40 CFR 264
☐ 40 CFR 265 ☐ 40 CFR 266 ☐ 40 CFR 268

3. Responsible Official: (b)(6) Personal Privacy - Owner

4. Survey Participants & Principal Inspector: (b)(6) Personal, VC Pam Fellabaum, FDEP Patricia Correa, FDEP

5. Facility Lat/Long: 30°19'28"/81°39'47"

6. Type of Ownership: ☐ FEDERAL ☐ STATE ☐ COUNTY ☐ MUNICIPAL ☒ PRIVATE

7. Permit No.: _____ Date Issued: _____ Exp. Date: _____

8. Pre-arranged Inspection: ☐ Yes ☒ No

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Village Cleaners
Hazardous Waste Inspection of
January 17, 1995

PROCESS DESCRIPTION

Village Cleaners occupies the location of the former Handy Craft Cleaners. Handy Craft Cleaners originally notified as a Small Quantity Generator of hazardous waste in July of 1985. The business was sold to (b)(6) Personal Privacy, who notified as a Small Quantity Generator and changed the name to Village Cleaners in July of 1989. This inspection was unannounced.

Village Cleaners has not performed any in-house dry cleaning for approximately 8 months. According to (b)(6), the facility stopped doing in-house dry cleaning when construction on Old St. Augustine Road limited patronage. All items requiring dry cleaning are sent to Professional Cleaners at 9825 San Jose Boulevard. Previous waste was manifested to MCF of Atlanta.

Village Cleaners is currently a Non-Handler of hazardous waste. A change of status form will be sent with this report. No violations of the applicable hazardous waste regulations were found during this inspection.

RCRA CORE DATA SCREEN

FACILITY ID FLD981028806 TRANSACTION CODE 2 (1=delete, 2=add, 3=change)

*FACILITY OWNER Handy Craft Inc

*FACILITY NAME Handy Craft Cleaners

*LOCATION STREET 10568 Old St. Augustine Rd

*LOCATION CITY Jacksonville STATE FL *ZIP 32217

*COUNTY CODE 031 *COUNTY NAME Duval

PARENT DUNS _____ *RCRA INDICATOR R *HWCTDB _____
(R, M, or blank) (T or blank)

COMMERCIAL FACILITY INDICATOR _____ (1 or blank)

REGIONAL ELEMENTS 1 _____ 2 _____ 3 _____ 4 _____ 5 _____

FINANCIAL TICKER _____ STATE AUTH IND _____

* THESE ELEMENTS ARE REQUIRED FOR AN ADD*

U.S. ENVIRONMENTAL PROTECTION AGENCY
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTALLATION'S EPA I.D. NO.
I. NAME OF INSTALLATION
II. INSTALLATION MAILING ADDRESS
III. LOCATION OF INSTALLATION

PLEASE PLACE LABEL IN THIS SPACE

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law. (Section 3010 of the Resource Conservation and Recovery Act).

FOR OFFICIAL USE ONLY

COMMENTS

INSTALL

F L D 10-102-0000

APPROVED

DATE RECEIVED
(yr., mo., & day)

8 5 0 7 0 8

I. NAME OF INSTALLATION

HAPPY CRAFT CLEANERS

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

3 10568 000 ST AUGUSTINE RD

CITY OR TOWN

JACKSONVILLE

ST.

ZIP CODE

FL 32217

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

5 SAME

CITY OR TOWN

6

ST.

ZIP CODE

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)

(b)(6) Personal Privacy

PHONE NO. (area code & no.)

(b)(6) Personal Privacy

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

8 HAPPY CRAFT INC

B. TYPE OF OWNERSHIP
(enter the appropriate letter into box)F - FEDERAL
M - NON-FEDERAL

M

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

☒ A. GENERATION☐ B. TRANSPORTATION (complete item VII)☐ C. TREAT/STORE/DISPOSE☐ D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

☐ A. AIR☐ B. RAIL☐ C. HIGHWAY☐ D. WATER☐ E. OTHER (specify):

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

☒ A. FIRST NOTIFICATION☐ B. SUBSEQUENT NOTIFICATION (complete item C)

C. INSTALLATION'S EPA I.D. NO.

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information

I.D. - FOR OFFICIAL USE ONLY

W

T/A/C

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
7	8	9	10	11	12
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
19	20	21	22	23	24
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
25	26	27	28	29	30
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
37	38	39	40	41	42
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
43	44	45	46	47	48
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 -- 261.24.)

☐ 1. IGNITABLE
(D001)

☐ 2. CORROSIVE
(D002)

☐ 3. REACTIVE
(D003)

☐ 4. TOXIC
(D000)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE

(b)(6) Personal Privacy

NAME & OFFICIAL TITLE (type or print)

president

DATE SIGNED

7-1-85